2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #735698 2008 JUN 26 AM 9: 23 Entity Name SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9075 GRANT STREET P.O. BOX 3161 BROOKSVILLE, FL 34613 US BROOKSVILLE, FL 34613 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192008 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2911261 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORTUNATO MCCABE, MICHELE Street Address (P.O. Box Number is Not Acceptable) 14145 CITRUS WAY 175 mill BROOKSVILLE, FL 34601 Zip Code 3 4 608 14:11 ORIA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 500132310015 07/07/08--01006--003 **6 the obligations of registered agent. SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE -22 Delete TITI E zero, Hary 2116 New Azora Rd. MCCABE, MICHELE NAME NAME STREET ADDRESS 14145 CITRUS WAY STREET ADDRESS pring Hill, FL 34608 BROOKSVILLE, FL 34601 CITY-ST-7IP CITY-ST-7IP TITLE TITLE Guthnacht BRACK, LINDA NAME NAME 8376 Black stone St STREET ADDRESS 10486 MAHONING AVE STREET ADDRESS 1-134608 BROOKSVILLE, FL 34614 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE chancene La-JACKSON, KATHI NAME NAME 5348 Shater Rel 12213 LABRADOR DUCK RD STREET ADDRESS STREET ADDRESS 1=134008 BROOKSVILLE, FL 34614 CITY-ST-ZIP CITY-ST-712 Delete TITLE TITLE RANCE LINDSAY Tracey Hedges 8503 Beach 121 NAME NAME STREET ADDRESS STREET ADDRESS 12392 QUIGLEY AVE CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-SI-7IP TITLE ■ Addition DE ☐ Delete TITLE BERRY, ALINE NAME NAME STREET ADDRESS 8554 BEACH RD STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-ZIP CITY-ST-71P Addition TITLE TITLE OP NAME JONES, MARGE NAME 5307 SLATER ROAD STREET ADDRESS 1,310 Collings wood STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if F1 34608 CITY-ST-ZIP changed, or on an attachment with an address, with all other like empowered. 350 796 33 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone I

1-20-08

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DOCUMENT #735698

SIGNATURE _

Entity Name
 SOCIETY FOR THE PREVENTION OF CRUELTY TO

Signature, typed or printed name of registered agent and title if applicable.

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC.				2008 JUN 26 AM 9: 23					
Principal Place of Business 9075 GRANT STREET BROOKSVILLE, FL 34613 US		Mailing Address P.O. BOX 3161 BROOKSVILLE, FL 34613 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06202008	Chg-NP	CR2E	037 (12/	/06)	
City & State		City & State		4. FEI Numbe 59-291			-	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired			5 Additional equired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MCCABE, MICHELE 14145 CITRUS WAY BROOKSVILLE, FL 34601				Name Street Address (P.O. Box Number is Not Acceptable)					
			Cit	у			F	L Zip	o Code
The above named enti the obligations of regis		for the purpose of changing it	ts registered off	fice or register	red agent, or bot	h, in the State of Fl	orida. Fa	m familiar	with, and accept

	Amended AR is \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	OFFICERS AND DIRECTOR	rs .	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MCCABE, MICHELE 14145 CITRUS WAY BROOKSVILLE, FL 34601	□ Sejete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LOIS FORT 5175 mil	1 Ave	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRACK, LINDA 10486 MAHONING AVE BROOKSVILLE, FL 34614	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Pat Thorn 4367 Be	buze	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, KATHI 12213 LABRADOR DUCK RD BROOKSVILLE, FL 34614	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rose mary 5478 al	Rusconi dere wood	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RANCE, LINDSAY 12392 QUIGLEY AVE BROOKSVILLE, FL 34613	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		oust ellogher	□ Change	WAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRY, ALINE 8554 BEACH RD SPRING HILL, FL 34606		TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MARGE 5307 SLATER ROAD SPRING HILL, FL 34608	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	□ ACE Con

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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10 henceto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-20-08

Departure of